

EHEALTH COMMISSION MEETING

JUNE 13, 2018

MAY AGENDA



Call to Order Roll Call and Introductions, Approval of February and March minutes, and April Agenda and Objectives	12:00
Announcements OeHI Updates State Agency, Community Partner, and SIM HIT Updates Opportunities and Workgroup Updates	12:05
New Business	
CORHIO and Verato - MPI Robert Denson, CIO, CORHIO	12:20
9Health Consumer Survey Gary Drews, CEO, 9Health Carrie Paykoc, State Health IT Coordinator	1:00
Commission Workgroups Mary Anne Leach, Director, OeHI	1:40
Public Comment Period	1:55
Closing Remarks Open Discussion Recap Action Items June Agenda Adjourn Jason Greer, Co-Chair	2:00

ANNOUNCEMENTS



OeHI UPDATES

- Community Reference Guide now online
- IAPD Submitted
- Care Coordination WG Strategy
- HIE & Data Sharing WG
- Consumer Engagement WG

COMMISSION UPDATES

- Roadmap Initiative Planning
- TBD

ACTION ITEMS



Action Item	Owner	Timeframe	Status
Update quorum bylaws	OeHI Director	Feb 2018	In progress
Track and report federal and local legislation	OeHI Director/ State Health IT Coordinator	2018	Ongoing
Letter to Lab Corps and Quest	OeHI Director/ Govs Office/ Morgan	2017	In progress
Roadmap Communication Packet	OeHI Director/ State Health IT Coordinator	Feb 2018	In progress



CORHIO & VERATO - MPI

ROBERT DENSON, CIO CORHIO





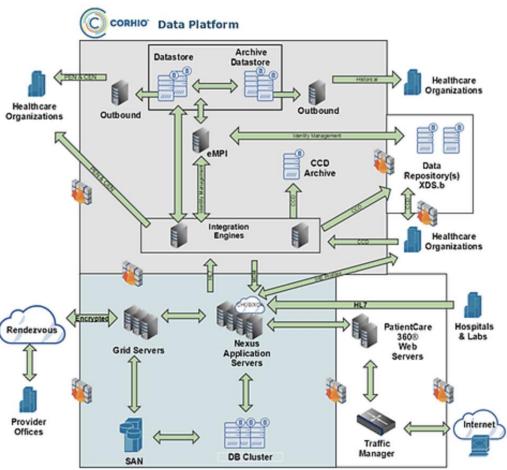




Agenda

- Overview of Identity Management Solution
- CORHIO Architecture
- Expanded Architecture





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Q

Verato Experience

Verato has singular focus and deep expertise

70+

Person-years of experience with MDM/MPI

150K+

Person-hours of development & data science 2B+

Identity queries

45%+

Of U.S. population

Select Customers































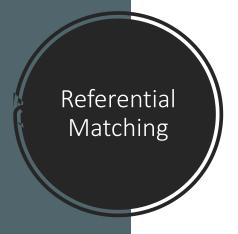
Verato Difference

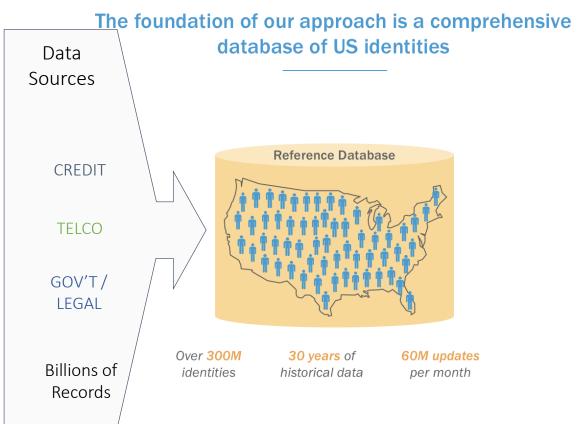
Verato is the next-generation solution to the patient/citizen matching problem

Data-driven Our reference database	Referential Matching Match against an answer key	Cloud-based Just plug in
Comprehensive nationwide database of demographics acts as an "answer key."	More accurate. No tuning.	Deploy in weeks. No more upgrade projects. Easy to maintain.















Referential Data Base Advantage

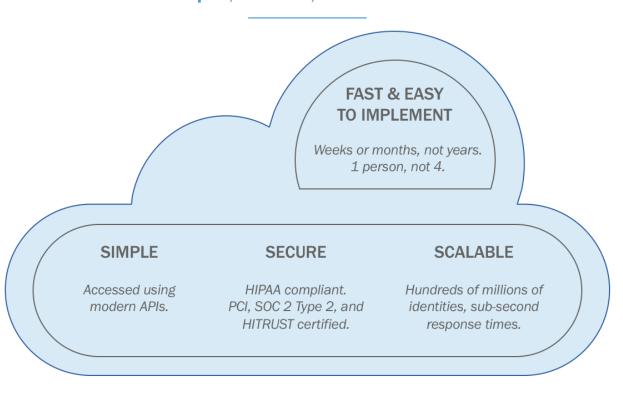
Referential Matching makes matches that traditional probabilistic algorithms can never make

Traditional Probabilistic Matching	Referential Matching
A B No Match EHR, MPI, or MDM	A B Match Verato Reference Database



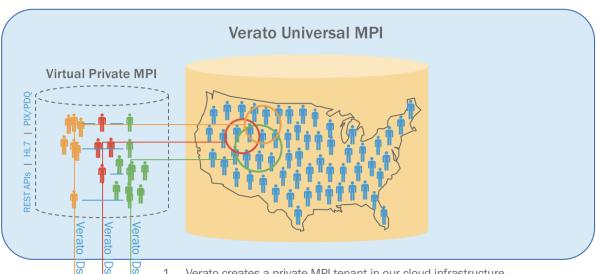
SaaS Solution

Verato solutions are SaaS-based – so they are fast, simple, secure, and scalable





Verato Universal™ MPI



- 1. Verato creates a private MPI tenant in our cloud infrastructure
- Customer and Verato instantiate MPI instance with patient/citizen data
- Referential matching organizes and links customer identities
- Unique Verato IDs are transmitted to customer

Rx EHR

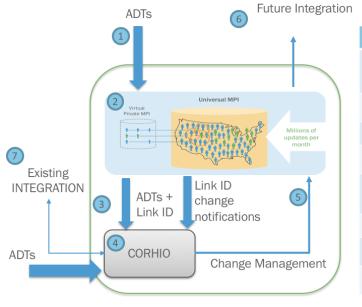
Virtual Private MPI is surrounded by services and integration methods



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CORHIO Architecture

Verato uMPI in Concert with CORHIO



No.	Description
1	Add/Updates routed to Verato as well as CORHIO (postIdentity Web Service calls)
2	Verato Assigns LINK IDs using referential matching process
3	Verato publishes LINK IDs to CORHIO
4	CORHIO matching includes the use of Verato LINK ID to force links.
5	Changes made to CORHIO can be sent to Verato (linkIdentity Web Service calls) to keep them in Sync
6	Future Integration
7	Existing INTEGRATION Services remain pointed to CORHIO
n/a	Integration technology components used but not pictured

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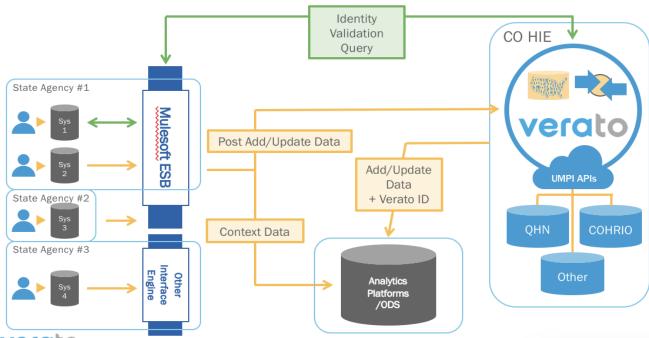




UMPI/Validate for the State of Colorado Data Flow

Statewide Person Matching Option Verato system integration patterns

- 1 Post of add/update data for Verato ID Assignment (AKA "passive integration")
- 2 Real-time identity query for patient/citizen (Search API equivalent AKA "active integration")



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9HEALTH CONSUMER SURVEY

GARY DREWS, CEO, 9HEALTH
CARRIE PAYKOC, STATE HEALTH IT COORDINATOR

COLORADO HEALTH CONSUMER PULSE SURVEY Q2 2018

9Health
a CO Non-Profit Organization

Office of eHealth Innovation

Survey Goals

- Discover on-the-ground 1st person, health consumer circumstances and healthrelated needs for userdesigned digital health services
- Identify cultural and demographic impacts on health ownership, digital interfaces, and social trust
- Suggest public, environmental and social determinant opportunities for improvement across Colorado
- Inform CO Health IT Roadmap
- Inform 9Health's Strategic Direction

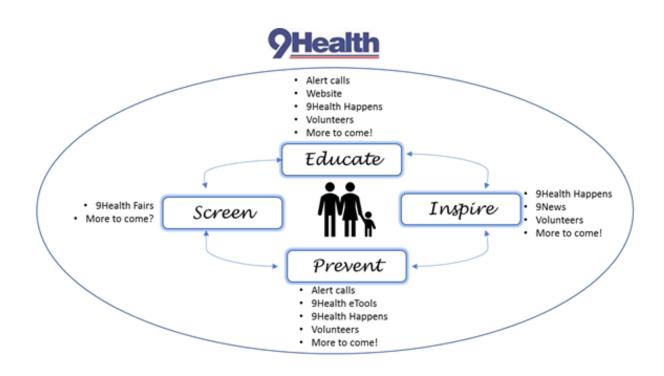


Colorado's Health IT Roadmap

November 2017



9Health Focus



Survey Details

- Questions sourced from 9Health staff, OeHI, Prime Health
- Distribution:
 - 9Health FB (4k), 9News FB 850k), 9News Homepage (100k), 9Health Newsletters (80k), Connect 4 Health (150k), LinkedIn (1k+), OeHI, Prime, & more
- 472 Respondents, 4/24-6/3
- 43 of 64 Colorado Counties represented, skews toward front range metro area

Q1 What is your gender?

Answered: 472 Skipped: 1

ANSWER CHOICES	RESPONSES	
Female	70.55%	333
Male	29.45%	139
TOTAL		472

Q2 Age

Answered: 471 Skipped: 2

ANSWER CHOICES	RESPONSES	
25-40	10.83%	51
41-50	12.53%	59
51-65	41.61%	196
Over 65	35.03%	165
Total Respondents: 471		

Insurance & Care

▶ 11% uninsured among respondents

ANSWER CHOICES	RESPONSES
Yes	89.36% 420
No	10.64% 50
TOTAL	470

▶ 82% with a PCP, but what exactly does a PCP means to Coloradans over time?

ANSWER CHOICES	RESPONSES	
Yes	81.49% 3	883
No	18.51%	87
TOTAL	4	170

Overall Health

- 95% of respondents rate their health as a 3 or better out of 5
 - Implies a healthy population
 - Correlates highly to 9News' surveys of health fair attendees

Q6 How would you rate your overall health on a scale of 1 to 5 with 1 being the lowest and 5 the highest?

Answered: 472 Skipped: 1

	5	4	3	2	1	TOTAL	WEIGHTED AVERAGE	
(no label)	27.75% 131	49.58% 234	17.58% 83	4.66% 22	0.42% 2	472		2.00

9Health Questions (7-9) Findings Supporting the IT Roadmap

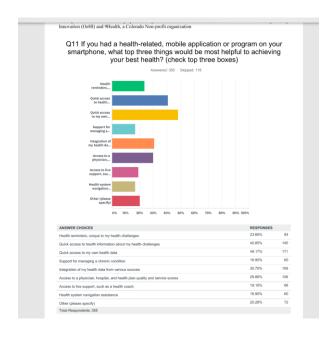
- 80%+ review their health screening results w/PCP
- Many commented:
 - No doctor nearby
 - Out of pocket expense for seeing a DR.
 - Results used as a self-comparison
 - Self-interpreting results
 - Multiple comments: provider does not accept external results or is not interested in them
- ▶ 46% consulted 9Health website, videos or nurse lines for information
- Most utilized Screenings (besides labs): Blood Pressure, Vision, Hearing, Bone density, Stress

General Health-focused Questions

Q10 When you have a health issue, what do you typically do? (check all that apply)

Answered: 399 Skipped: 74

- 'Health Issue' was left to interpretation
- As expected, most talk with their PCP
- Almost 60% do their own research
- > 7% go the ER
- "Other" is the most descriptive; themes include:
 - Visit doc
 - Doing nothing 'pray', wait it out, suffer
 - > Talk to alternative providers, incl. pharmacist, nutritionist, etc.



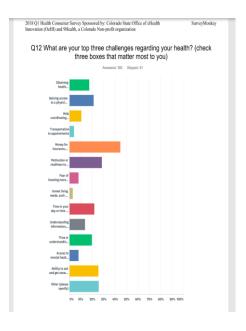
Implications

- Access and integration to personal Data
- Access to info to selfdiagnose
- Access to care
- Significant opportunity to 'drill down' on this question

Digital Health Preferences

Contextual Themes

- 40 of 72 comments indicate no smartphone, cell service
- Distrust of data loss and use, would never put data on an app
- Transparency: cost comparison of docs



Implications

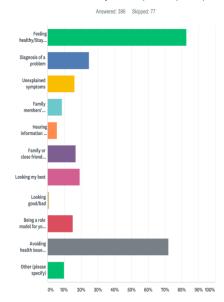
- Combined, money and time are the top challenges
- Motivation and readiness for personal change is a Big obstacle (the health fairs discover this, too)
- Relatedly, 8% fear knowing about their health
- 3% indicated living needs' issues

Contextual Themes

- WIDE variety of comments more analysis needed here
- One to watch: several notes of mis-trusts, poor communication, and poor access of/to providers
- Insurance and drug expense issues
- Fear: Potential for bankruptcy
- Literacy understanding
- Transparency, of course

Health Challenges

Q13 What have been your biggest motivators toward taking positive health actions in your life? (check top three)



Implications

- Family role important to bringing issues to light and attention
- 1 in 4 motivated by a NG diagnosis
- And only 20% are motivated by their looks, hmmm....
- Next round: Drill down on 'Feeling healthy' and 'Avoiding health issue' to uncover

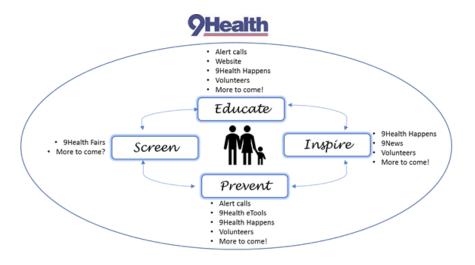
Contextual Themes

- Stress
- Disease avoidance or recurrence
- 'Stay out of the Healthcare System'
- Fear of painful death, poverty, hospitals,
- Several indicated positive results from weight loss, activity, exercise

Motivation for Health

9Health Intersections

"02 - Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Develop and implement tools to educate, engage, and empower consumers in their health and well-being"



Potential 9Health Intersections:

- 1. Years of 50K population health data in CORHIO
- 2. Health, insurance and 'Health System' literacy efforts, 1M+ media reach
- 3. Public Health Educational 'Interventions'
- 4. Identify specific community health needs
- 5. Make prevention tools ubiquitous and no/low cost
- 6. Identify unique community needs and gaps in care coordination through outreach, surveys
- 7. Convene a consumer advisory board to provide ongoing input.

Next Steps

- Value in conducting periodic 'pulse' trend surveys?
 - If so, frequency at pace of 'health consumer' pressure changes
- What needs to be drilled down on to make the survey 'actionable'?
- What specific information would further inform the Roadmap?

Special thanks to OeHI, Prime Health and 9News!

COLORADO HEALTH CONSUMER PULSE SURVEY Q2 2018

9Health
a CO Non-Profit Organization

Office of eHealth Innovation



COMMISSION WORKGROUPS

MARY ANNE LEACH, DIRECTOR, OEHI



HIE & DATA SHARING INITIATIVE WORKGROUP

MARY ANNE LEACH, DIRECTOR, OEHI

DRAFT HIE & DATA SHARING WORKGROUP



WG Member	Title	Organization
Kelly Joines	Chief Strategy Officer	CORHIO
Marc Lassaux	Chief Technical Officer	QHN
Micah Jones	Medicaid Health IT Coordinator	HCPF
Carrie Paykoc	State Health IT Coordinator	ОеНІ
Mary Anne Leach	Director	OeHI
Deanna Towne	Director of Information Technology	Governor's Office of Information Technology
Jon Gottsegen	Chief Data Officer	Governor's Office of Information Technology
Ad Hoc Members as Determined	N/A	CDHS, CDPHE, DOC, OBH, other



CLOSING REMARKS, MARCH AGENDA, AND ADJOURN

MICHELLE MILLS, CO-CHAIR

DRAFT JULY AGENDA



Call to Order Roll Call and Introductions, Approval of June Minutes, July Agenda and Objectives	12:00
Announcements OeHI Updates State Agency and SIM HIT Updates Grant Opportunities, Workgroup Updates, Announcements	12:10
New Business	
Health IT Roadmap Initiatives Prevention Alliance	12:35
TBD	1:05
Other topics?	1:30
Remaining Commission Comments Public Comment Period	1:45 1:50
Closing Remarks Open Discussion, August Agenda, Adjourn	1:55